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Walker Digital, LLC

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<b>To:</b>	Examiner Jason M. Skaarup - USPTO	<b>From:</b>	Magdalena M. Fincham
<b>Fax:</b>	571-273-8300	<b>Pages:</b>	16 (including cover sheet)
<b>Phone:</b>	571-272-4455	<b>Date:</b>	August 18, 2005
<b>Re:</b>	App. Serial No. 10/791,029	<b>Phone:</b>	203-461-7041

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**FORMAL RESPONSE**

**Re:** Application Serial No. 10/791,029  
Attorney Docket No. 03-013  
Applicants: WALKER et al.  
Titled: "METHOD AND APPARATUS FOR ALTERNATE DISPLAY INFORMATION"

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office (Fax No. 571-273-8300) on August 18, 2005.

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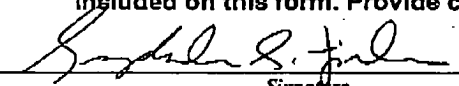
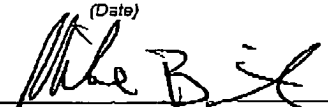
  
Michael D. Brinton

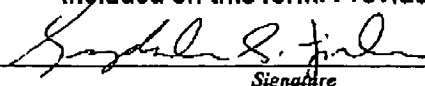
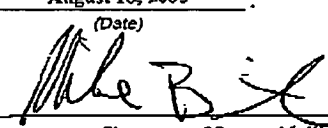
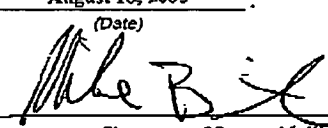
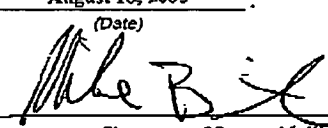
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AUG 18 2005

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>					Docket No. 03-013	
Applicant(s): JAY S. WALKER et al.						
Application No. 10/791,029	Filing Date March 2, 2004	Examiner Skaarup, Jason M.	Customer No. 22927	Group Art Unit 3714	Confirmation No. 1254	
Invention: <b>METHOD AND APPARATUS FOR ALTERNATE DISPLAY INFORMATION</b>						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	26 -	37 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	7 -	15 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 500271 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Magdalcua M. Fincham Attorney for Applicants - PTO Registration No. 46,085 Walker Digital, LLC 203.461.7041/phone 203.461.7300/fax  Mfincham@walkerdigital.com			Dated: August 18, 2005  <div style="border: 1px solid black; padding: 5px;">             I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on August 18, 2005              _____              (Date)                Signature of Person Mailing Correspondence              Michael D. Brinton              Typed or Printed Name of Person Mailing Correspondence           </div>			
CC:						

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TOTAL CLAIMS	26 -	37 =	0	x \$25.00	\$0.00				
INDEP. CLAIMS	7 -	15 =	0	x \$100.00	\$0.00				
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>				
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 500271 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.									
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 _____ Signature			Dated: August 18, 2005						
Magdalena M. Fincham Attorney for Applicants PTO Registration No. 46,085 Walker Digital, LLC 203.461.7041/phone 203.461.7300/fax  Mfincham@walkerdigital.com			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on August 18, 2005 (Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">             Signature of Person Mailing Correspondence  <b>Michael D. Brinton</b>            Typed or Printed Name of Person Mailing Correspondence         </td> </tr> </table>			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on August 18, 2005 (Date)		 Signature of Person Mailing Correspondence <b>Michael D. Brinton</b> Typed or Printed Name of Person Mailing Correspondence	
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